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** CONTINUING DATA *****

This application is a DIV of 09/927,130 08/10/2001 PAT 6,775,389

(VERIFIED)

** FOREIGN APPLICATIONS *****

(NONE)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/24/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	4	20	3
Verified and Acknowledged	<i>(Signature)</i>	Examiner's Signature	Initials		

ADDRESS

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TITLE

In the ear auxiliary microphone for behind the ear hearing prosthetic

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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